

# PART B — FEE(S) TRANSMITTAL

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**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

**CURRENT CORRESPONDENCE ADDRESS** (Include legibly starting with any restriction or use Block 1)

7590 04/19/2007

**FISH & RICHARDSON P.C.**  
**P.O. Box 1022**  
**Minneapolis, MN 55440-1022**

**Note:** A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmittal.

## **Certificate of Mailing or Transmittal**

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

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(Date)

APPLICATION NO.	ISSUE DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CORRELATION NO.
10/712,063	11/14/2003	Hugh R. Sharkey	22416-014004	9046

**TITLE OF INVENTION: METHOD FOR TREATING INTERVERTEBRAL DISCS**

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	YOTAL FILING DATE	DATE PAID
nonprovisional	NO	\$1400	\$300	\$1700	07/19/2007

EXAMINER	APL UNIT	CLASSIFICATION
PEFFLEY, MICHAEL E.	3739	607-096000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.107).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB-47, Rev 03-02 or more recent) attached. Use of a **Customer Number** is required.

2. For printing on the patent from page, but (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Fish & Richardson P.C.**

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNOR NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

**Orate Interventions, Inc.**

**Mendle Park, California**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies \_\_\_\_\_ 10 \_\_\_\_\_

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050. (enclose us extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27.  
☐ Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
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(Authorized by signature) *Timothy W. Rife*

(Date) **July 19, 2007**

Typed or Printed Name **Timothy W. Rife**

Registration No. **41,851**

This certification of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the patent to which this form is being used to file and by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.43. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the required application form, or the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 4650, Alexandria, Virginia 22313-1450, 1-800-791-4776 OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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